**Inter-Agency Agreement (IA) Checklist**

*(initial submission of completed form to* *lauren.dennstaedt@maryland.gov* *& Program Chief of Staff)*

Current OPASS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed IA Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of IA is this? \_\_\_\_\_ staffing \_\_\_\_\_ service

If staffing, how many positions are supported by this IA? \_\_\_\_\_ filled \_\_\_\_\_ vacant

Who supervises staff? \_\_\_\_\_\_\_ MDH \_\_\_\_\_\_\_\_ recipient of MDH funds

Does this IA fulfill the requirements of a federal grant? \_\_\_\_\_ yes \_\_\_\_\_ no

Grant title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Award Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous OPASS# (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous contractor (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Before requesting approval of an IA, please complete the following:**

1. Briefly describe the services that are provided through this IA and the program it supports. Use outcomes to describe the service. It is assumed that every program has merit so long advocacy statements are not helpful:

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1. Why can’t these services be performed by existing MDH personnel? Please provide evidence of process analysis and cross cutting organizational review.

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1. What was done to determine whether services could be acquired through a competitive procurement open to public and private entities? Specify whether you have plans to transition staff from this IA in the future and if so, describe those plans. Include timelines and attach documentation.

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1. What research was done to determine the reasonableness of the cost of this IA?

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1. If this IA is for staffing, explain why MDH needs are not being filled by a new or existing PIN, special payroll employee, or contract personnel.

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1. Further explanation of justification for IA:

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*Please attach Inter-Agency Report, Scope of Work, and other IA descriptions available.*

Signature of person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deputy Secretary (or designee):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*OPASS IA Contract Officer’s Remarks:*

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Lauren Dennstaedt

*Approval Recommended:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dana Dembrow – Director of Procurement:

*IA Request Approved:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date::\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dennis Schrader -- Chief Operating Officer